A/S-26/7

United Nations

Resolutions
and
Decisions

adopted by the General Assembly during its twenty-sixth special session

25 – 27 June 2001

General Assembly
Official Records • Twenty-sixth Special Session
Supplement No. 1 (A/S-26/7)

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United Nations • New York, 2002

NOTE

The resolutions and decisions of the General Assembly are identified as follows:

Regular sessions

Until the thirtieth regular session, the resolutions of the General Assembly were identified by an arabic numeral followed by a roman numeral in parentheses indicating the session (for example: resolution 3363 (XXX)). When several resolutions were adopted under the same number, each of them was identified by a capital letter placed between the two numerals (for example: resolution 3367 A (XXX), resolutions 3411 A and B (XXX), resolutions 3419 A to D (XXX)). The decisions were not numbered.

Since the thirty-first session, as part of the new system adopted for symbols of General Assembly documents, resolutions and decisions have been identified by an arabic numeral, indicating the session, followed by an oblique stroke and another arabic numeral (for example: resolution 31/1, decision 31/301). When several resolutions or decisions were adopted under the same number, each of them has been identified by a capital letter placed after the two numerals (for example: resolution 31/16 A, resolutions 31/6 A and B, decisions 31/406 A to E).

Special sessions

Until the seventh special session, the resolutions of the General Assembly were identified by an arabic numeral followed, in parentheses, by the letter "S" and a roman numeral indicating the session (for example: resolution 3362 (S-VII)). The decisions were not numbered.

Since the eighth special session, resolutions and decisions have been identified by the letter "S" and an arabic numeral indicating the session, followed by an oblique stroke and another arabic numeral (for example: resolution S-8/1, decision S-8/11).

Emergency special sessions

Until the fifth emergency special session, the resolutions of the General Assembly were identified by an arabic numeral followed, in parentheses, by the letters "ES" and a roman numeral indicating the session (for example: resolution 2252 (ES-V)). The decisions were not numbered.

Since the sixth emergency special session, resolutions and decisions have been identified by the letters "ES" and an arabic numeral indicating the session, followed by an oblique stroke and another arabic numeral (for example: resolution ES-6/1, decision ES-6/11).

In each of the series described above, the numbering follows the order of adoption.

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In addition to the text of resolutions and decisions adopted by the General Assembly during its twenty-sixth special session, the present volume contains a checklist of resolutions and decisions.

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I. Agenda[1]

1. Opening of the session by the Chairman of the delegation of Finland.
2. Minute of silent prayer or meditation.
3. Credentials of representatives to the twenty-sixth special session of the General Assembly:
   (*a*) Appointment of the members of the Credentials Committee;
   (*b*) Report of the Credentials Committee.
4. Election of the President.
5. Organization of the session.
6. Adoption of the agenda.
7. Review of the problem of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects.
8. Adoption of the final document.

[1] See also sect. IV.B, decision S-26/22.

II. Resolution adopted on the report of the Credentials Committee

S-26/1. Credentials of representatives to the twenty-sixth special session of the General Assembly

The General Assembly,

Having considered the report of the Credentials Committee[1] and the recommendation contained therein,

Approves the report of the Credentials Committee.

7th plenary meeting
27 June 2001

[1] A/S-26/5.

III. Resolution adopted without reference to a Main Committee

S-26/2. Declaration of Commitment on HIV/AIDS

The General Assembly

Adopts the Declaration of Commitment on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) annexed to the present resolution.

8th plenary meeting
27 June 2001

Annex

Declaration of Commitment on HIV/AIDS

"Global Crisis – Global Action"

1. We, heads of State and Government and representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly, convened in accordance with resolution 55/13 of 3 November 2000, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects, as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

2. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society – national, community, family and individual;

3. Noting with profound concern that by the end of 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;

4. Noting with grave concern that all people, rich and poor, without distinction as to age, gender or race, are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;

5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit of the United Nations;

6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:

- The United Nations Millennium Declaration, of 8 September 2000;[1]
- The political declaration and further actions and initiatives to implement the commitments made at the World Summit for Social Development, of 1 July 2000;[2]

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[1] See resolution 55/2.

[2] Resolution S-24/2, annex, sects. I and III.

- The political declaration[3] and further action and initiatives to implement the Beijing Declaration and Platform for Action,[4] of 10 June 2000;
- Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, of 2 July 1999;[5]
- The regional call for action to fight HIV/AIDS in Asia and the Pacific, of 25 April 2001;
- The Abuja Declaration and Framework for Action for the fight against HIV/AIDS, tuberculosis and other related infectious diseases in Africa, of 27 April 2001;
- The Declaration of the Tenth Ibero-American Summit of heads of State, of 18 November 2000;
- The Pan-Caribbean Partnership against HIV/AIDS, of 14 February 2001;
- The European Union Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction, of 14 May 2001;
- The Baltic Sea Declaration on HIV/AIDS Prevention, of 4 May 2000;
- The Central Asian Declaration on HIV/AIDS, of 18 May 2001;

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;

8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst-affected region, where HIV/AIDS is considered a state of emergency which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden, and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African heads of State or Government at the Abuja special summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help to address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;

10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second-highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin American region with 1.5 million people living with HIV/AIDS and the Central and Eastern European region with very rapidly rising infection rates, and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;

11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;

12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;

13. Noting further that stigma, silence, discrimination and denial, as well as a lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;

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[3] Resolution S-23/2, annex.

[4] Resolution S-23/3, annex.

[5] Resolution S-21/2, annex.

14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

15. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic, and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;

18. Recognizing the need to achieve the prevention goals set out in the present Declaration in order to stop the spread of the epidemic, and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;

19. Recognizing that care, support and treatment can contribute to effective prevention through an increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;

20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;

21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;

22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;

23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs, including anti-retroviral therapy, diagnostics and related technologies, as well as increased research and development;

24. Recognizing also that the cost, availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;

25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continues to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people, and recalling efforts to make drugs available at low prices for those in need;

26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations, and noting that the impact of international trade agreements on access to or local manufacturing of essential drugs and on the development of new drugs needs to be evaluated further;

27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North-South, South-South and triangular cooperation;

28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;

29. Recognizing the fundamental importance of strengthening national, regional and subregional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, subregional and international cooperation;

30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS;

31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;

32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects, and recognizing that their full involvement and participation in the design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;

34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;

35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS); and noting its endorsement in December 2000 of the Global Strategy Framework on HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;

36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia, international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact-mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

At the regional and subregional level

39. Urge and support regional organizations and partners to be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country-level efforts;

40. Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum African Consensus and Plan of Action: Leadership to overcome HIV/AIDS; the Abuja Declaration and Framework for Action for the fight against HIV/AIDS, tuberculosis and other related infectious diseases in Africa; the CARICOM Pan-Caribbean Partnership against HIV/AIDS; the ESCAP regional call for action to fight HIV/AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; and the European Union Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction;

41. Encourage the development of regional approaches and plans to address HIV/AIDS;

42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;

43. Encourage the United Nations Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support national efforts in their respective regions in combating HIV/AIDS;

At the global level

44. Support greater action and coordination by all relevant organizations of the United Nations system, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in the present Declaration;

45. Support greater cooperation between relevant organizations of the United Nations system and international organizations combating HIV/AIDS;

46. Foster stronger collaboration and the development of innovative partnerships between the public and private sectors, and by 2003 establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk of new infection;

49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with HIV/AIDS;

50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;

51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

52. By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;

53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers;

54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them, increasing the availability of and providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations, as well as with civil society and the business sector, to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia, affordability and pricing, including differential pricing, and technical and health-care system capacity. Also, in an urgent manner make every effort to provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; and to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care, including that provided by the informal sector, and health-care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; and improve the capacity and working conditions of health-care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psychosocial care;

57. By 2003, ensure that national strategies are developed in order to provide psychosocial care for individuals, families and communities affected by HIV/AIDS;

HIV/AIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

59. By 2005, bearing in mind the context and character of the epidemic and that, globally, women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;

60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework;

61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of

discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys, including for commercial reasons. Such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;

63. By 2003, develop and/or strengthen strategies, policies and programmes which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information and sexual health education and counselling services; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug-using behaviour, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;

67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers, and in families affected by HIV/AIDS, and address their special needs; and adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS, in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment in and accelerate research on the development of HIV vaccines, while building national research capacity, especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development, including biomedical, operations, social, cultural and behavioural research and in traditional medicine to improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female-controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests and methods to prevent mother-to-child transmission; improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; and create a conducive environment for research and ensure that it is based on the highest ethical standards;

71. Support and encourage the development of national and international research infrastructures, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and the training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of a rapid expansion of the epidemic;

72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions and drug resistance, and develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;

73. Strengthen international and regional cooperation, in particular North-South, South-South and triangular cooperation, related to the transfer of relevant technologies suitable to the environment in the prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage ownership of the end results of these cooperative research findings and technologies by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;

74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment, including anti-retroviral therapies and vaccines, based on international guidelines and best practices, are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

HIV/AIDS in conflict and disaster-affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons, and in particular women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;

76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;

77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence forces, and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/ AIDS awareness and prevention activities, including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;

78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations, while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;

80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between 7 and 10 billion United States dollars in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that the resources needed are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;

81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;

82. Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required, and ensure that adequate allocations are made by all ministries and other relevant stakeholders;

83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/AIDS epidemic;

84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;

85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate, and encourage the most effective and transparent use of all resources allocated;

86. Call on the international community, and invite civil society and the private sector to take appropriate measures to help to alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;

87. Without further delay, implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for demonstrable commitments by them to poverty eradication, and urge the use of debt service savings to finance poverty eradication programmes, particularly for prevention, treatment, care and support for HIV/AIDS and other infections;

88. Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;

89. Encourage increased investment in HIV/AIDS-related research nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;

90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments, inter alia, in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean and to those countries at high risk, and mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community, including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;

91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/AIDS and health fund;

92. Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, regional and subregional level in their efforts to respond to the crisis;

93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of the present Declaration;

Follow-up

Maintaining the momentum and monitoring progress are essential

At the national level

94. Conduct national periodic reviews with the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments, identify problems and obstacles to achieving progress, and ensure wide dissemination of the results of these reviews;

95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, and develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;

96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

At the regional level

97. Include HIV/AIDS and related public health concerns, as appropriate, on the agenda of regional meetings at the ministerial and head of State and Government level;

98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities, and ensure wide dissemination of the results of these reviews;

99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in the present Declaration, and in particular facilitate intensified South-South and triangular cooperation;

At the global level

100. Devote sufficient time and at least one full day of the annual session of the General Assembly to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in the present Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;

101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in the present Declaration, and in this regard encourage participation in and wide dissemination of the outcomes of the forthcoming Dakar Conference on access to care for HIV infection; the Sixth International Congress on AIDS in Asia and the Pacific; the Twelfth International Conference on AIDS and Sexually Transmitted Infections in Africa; the Fourteenth International Conference on AIDS, Barcelona, Spain; the Tenth International Conference on People Living with HIV/AIDS, Port-of-Spain; the Second Forum and Third Conference of the Horizontal Technical Cooperation Group on HIV/AIDS and Sexually Transmitted Infections in Latin America and the Caribbean, Havana; the Fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Chiang Mai, Thailand;

103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for the voluntary monitoring and reporting of global drug prices;

We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;

We look forward to strong leadership by Governments and concerted efforts with the full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;

And finally, we call on all countries to take the necessary steps to implement the present Declaration, in strengthened partnership and cooperation with other multilateral and bilateral partners and with civil society.

IV. Decisions

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A. ELECTIONS AND APPOINTMENTS

S-26/11. Appointment of members of the Credentials Committee

At its 1st plenary meeting, on 25 June 2001, the General Assembly decided that the Credentials Committee for the twenty-sixth special session, appointed in accordance with rule 28 of the rules of procedures of the Assembly, would have the same membership as the Credentials Committee of the fifty-fifth regular session of the Assembly.

As a result, the Committee was composed of the following Member States: BAHAMAS, CHINA, ECUADOR, GABON, IRELAND, MAURITIUS, RUSSIAN FEDERATION, THAILAND and UNITED STATES OF AMERICA.

S-26/12. Election of the President of the General Assembly[1]

At its 1st plenary meeting, on 25 June 2001, the General Assembly decided that the President of the Assembly at its fifty-fifth regular session would serve in the same capacity at the twenty-sixth special session.

Mr. Harri HOLKERI (Finland) was therefore elected President of the General Assembly at its twenty-sixth special session.

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[1] In accordance with rule 38 of the rules of procedure of the General Assembly, the General Committee consists of the President of the Assembly, the twenty-one Vice-Presidents and the Chairpersons of the six Main Committees. See also decisions S-26/15 and S-26/16.

S-26/13. Election of the Vice-Presidents of the General Assembly[1]

At its 1st plenary meeting, on 25 June 2001, the General Assembly decided that the Vice-Presidents of the Assembly at its fifty-fifth regular session would serve in the same capacity at the twenty-sixth special session.

The representatives of the following twenty-one Member States were therefore elected Vice-Presidents of the General Assembly: BELARUS, BHUTAN, BURKINA FASO, CHINA, COMOROS, EL SALVADOR, FRANCE, GABON, GUINEA, HAITI, KUWAIT, MALDIVES, MOZAMBIQUE, RUSSIAN FEDERATION, SURINAME, TUNISIA, TURKEY, UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, UNITED STATES OF AMERICA, UZBEKISTAN and YEMEN.

S-26/14. Election of the Chairpersons of the Main Committees[1]

At its 1st plenary meeting, on 25 June 2001, the General Assembly decided that the Chairpersons of the Main Committees of the fifty-fifth regular session would serve in the same capacity at the twenty-sixth special session.

The following persons were therefore elected Chairpersons of the Main Committees:

First Committee:	U Mya THAN (Myanmar)
Special Political and Decolonization Committee (Fourth Committee):	Mr. Matia Mulumba SEMAKULA KIWANUKA (Uganda)
Second Committee:	Mr. Alexandru NICULESCU (Romania)
Third Committee:	Mrs. Yvonne GITTENS-JOSEPH (Trinidad and Tobago)
Fifth Committee:	Mr. Gert ROSENTHAL (Guatemala)
Sixth Committee:	Mr. Mauro POLITI (Italy)

At the same meeting, the General Assembly was informed that, in the absence of the Chairperson of the First Committee, Mr. Alberto GUANI (Uruguay), Vice-Chairperson of the Committee, would act as Chairperson of the Committee for the duration of the special session.

At the same meeting, the General Assembly was also informed that, in the absence of the Chairperson of the Special Political and Decolonization Committee (Fourth Committee), Mr. Patrick Albert LEWIS (Antigua and Barbuda), Vice-Chairperson of the Committee, would act as Chairperson of the Committee for the duration of the special session.

At the same meeting, the General Assembly was further informed that, in the absence of the Chairperson of the Sixth Committee, Mr. Marcelo VASQUEZ (Ecuador), Vice-Chairperson of the Committee, would act as Chairperson of the Committee for the duration of the special session.

S-26/15. Appointment of the facilitators

At its 1st plenary meeting, on 25 June 2001, the General Assembly, on the recommendation of its President, appointed Ms. Penny WENSLEY (Australia) and Mr. Ibra Deguène KA (Senegal) as co-facilitators.

At the same meeting, the General Assembly, pursuant to its resolution 55/242 of 22 February 2001, decided that the two facilitators would be members of the General Committee.

S-26/16. Appointment of the chairpersons of the round tables

At its 1st plenary meeting, on 25 June 2001, the General Assembly appointed the following persons as chairpersons of the round tables:

Round table 1: Mr. Denzil DOUGLAS, Prime Minister of Saint Kitts and Nevis

Round table 2: Mr. Grzegorz OPALA, Minister of Health of Poland

Round table 3: Dato' Seri Suleiman MOHAMAD, Deputy Minister of Health of Malaysia

Round table 4: Mr. Benjamin William MKAPA, President of the United Republic of Tanzania

At the same meeting, the General Assembly, pursuant to its resolution 55/242 of 22 February 2001, decided that the chairpersons of the four round tables would be members of the General Committee.

At its 5th plenary meeting, on 26 June 2001, the General Assembly appointed Mr. Abdul Malik KASI, Minister of Health of Pakistan, as the new chairperson of round table 3.

B. OTHER DECISIONS

S-26/21. Organizational arrangements for the twenty-sixth special session of the General Assembly

At its 1st plenary meeting, on 25 June 2001, the General Assembly, pursuant to its resolution 55/242 of 22 February 2001, approved the following organizational arrangements for the special session:

A. *President*

1. The twenty-sixth special session shall take place under the presidency of the President of the General Assembly at its fifty-fifth regular session.

B. *Vice-Presidents*

2. The Vice-Presidents of the General Assembly at its twenty-sixth special session shall be the same as those at its fifty-fifth regular session.

C. *Credentials Committee*

3. The Credentials Committee of the twenty-sixth special session shall have the same composition as the Credentials Committee of the fifty-fifth regular session of the General Assembly.

D. *General Committee*

4. The General Committee of the twenty-sixth special session shall consist of the President and the twenty-one Vice-Presidents of the special session, the Chairpersons of the six Main Committees of the fifty-fifth regular session of the General Assembly, the two facilitators and the chairpersons of the round tables.

E. *Rules of procedure*

5. The rules of procedure of the General Assembly shall apply at the twenty-sixth special session.

F. *Round tables*

6. Four round tables shall be held at the twenty-sixth special session. The chairpersons of the four round tables shall be from the four regional groups not represented by the President of the General Assembly. The chairpersons shall be selected by their respective regional groups.

G. *Debate in plenary*

7. Statements in the debate in plenary shall be limited to five minutes.

H. *Participation of speakers other than Member States*

8. Observers may make statements in the debate in plenary.

9. A number of organizations and entities having received a standing invitation to participate as observers in the sessions and work of the General Assembly may participate in the twenty-sixth special session in the capacity of observers.

10. States members of the specialized agencies of the United Nations that are not members of the United Nations may participate in the twenty-sixth special session in the capacity of observers.

11. A limited number of the observers may also participate in each round table.

12. Heads of entities of the United Nations system, including programmes, funds, the specialized agencies and regional commissions, may make statements in the debate in plenary.

13. The Executive Director of the Joint United Nations Programme on HIV/AIDS will be given the opportunity to make a statement early in the debate in plenary.

14. Entities of the United Nations system with specific expertise in areas related to the themes of the round tables will be invited to participate in the round tables.

15. Given the availability of time, a limited number of accredited civil society actors may make statements in the debate in plenary.

I. *Schedule of plenary meetings*

16. Eight plenary meetings will be held over the three-day period, with three meetings per day for the first two days, from 9 a.m. to 1 p.m., from 3 p.m. to 6 p.m., and from 7 p.m. to 9 p.m., and two meetings on the last day, from 9 a.m. to 1 p.m. and from 3 p.m. to 6 p.m.

S-26/22. Adoption of the agenda

At its 1st plenary meeting, on 25 June 2001, the General Assembly adopted the agenda for the twenty-sixth special session.[2]

S-26/23. Selected accredited civil society actors for participation in the debate in plenary and in the round tables

At its 1st plenary meeting, on 25 June 2001, the General Assembly decided to adopt the list of selected accredited civil society actors for participation in the debate in plenary and in the round tables.[3]

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[2] A/S-26/2.

[3] See HIV/AIDS/CRP.6, as amended by document A/S-26/L.1 and Add.1.

Annex

Checklist of resolutions and decisions

This checklist includes the resolutions and decisions adopted by the General Assembly during its twenty-sixth special session. The resolutions and decisions were adopted without a vote.

RESOLUTIONS

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S-26/2.	Declaration of Commitment on HIV/AIDS	8	8th	27 June 2001	5

DECISIONS

Decision No.	*Title*	*Item*	*Plenary meeting*	*Date of adoption*	*Page*
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S-26/13.	Election of the Vice-Presidents of the General Assembly	5	1st	25 June 2001	20
S-26/14.	Election of the Chairpersons of the Main Committees	5	1st	25 June 2001	20
S-26/15.	Appointment of the facilitators	5	1st	25 June 2001	20
S-26/16.	Appointment of the chairpersons of the round tables	5	1st	25 June 2001	21
	B. Other decisions				
S-26/21.	Organizational arrangements for the twenty-sixth special session of the General Assembly	5	1st	25 June 2001	21
S-26/22.	Adoption of the agenda	6	1st	25 June 2001	22
S-26/23.	Selected accredited civil society actors for participation in the debate in plenary and in the round tables	5	1st	25 June 2001	22

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